	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 10/12/2022				
NAME OF PROVIDER OR SUPPLIER: AZURA VASCULAR CARE SOUTH PHILADELPHIA STATE LICENSE NUMBER: 23111501			2412 WEST I	STREET ADDRESS, CITY, STATE, ZIP CODE: 2412 WEST PASSYUNK AVENUE PHILADELPHIA, PA 19145						
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH D ED BY FULL REGULATORY (FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE			
S 0000	This report is the result of a State licensure survey conducted on August 12, 2022, at Azura Vascular Care South Philadelphia. It was determined the facility was not in compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Ambulatory Care Facilities, Annex A, Title 28, Part IV, Subparts A and F, Chapters 551-573, November 1999.		S 0000							
S 5553	DIRECTOR'S OR PROVIDER/SUPPL	FR REPRESENTATIVE'S SIG	NATURE	S 5553	TITLE:	(VG) DATE:				
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGN.			NATUKE		HILE:	(X6) DATE:				

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 10/12/2022	
NAME OF PROVIDER OR SUPPLIER: AZURA VASCULAR CARE SOUTH PHILADELPHIA STATE LICENSE NUMBER: 23111501			STREET ADDRESS, 2412 WEST P. PHILADELPI	ASSYUNK A	AVENUE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 5553	Continued from page 1 555.32 (a) Administration of Anesthesia Services 555.32 Administration of ar (a) Anesthetics shall be anesthesiologists and certificand dentist anesthetists as definitions). This REGULATION is not	nesthesia e administered by ed registered nurse anes efined in 551.3 (relating		S 5553	Corrective Action: a. Unable to correct for patie 6 and MR 7. Patients MR 6 7 were contacted within 72 h discharge, in accordance wit policy, and reported no ill ef and successful surgery outco b. The facility has reviewed (a)(b)(c) and 551.3 (relating definitions) and will comply regulations to ensure that all instances where administratisedation is deemed appropriate surgical case, that sedation be administered by a CRNA physician as specified in the regulation. c. Physicians and clinical stateducated on the requirement 555.32(a)(b)(c) and the appliedefinitions contained in 551. education will reflect the region sedation to be delivered by CRNA or physician in all calca where sedation is deemed appropriate for the surgical of this education will be conduperson or telephonically and sheets will be maintained.	and MR nours of h facility feets ome. 555.32 to with the future on of ate for on shall or off will be s of icable 3. The quirement by a ses case. acted in	Completion Date: 11/01/2022 Status: APPROVED Date: 10/28/2022

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBE			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 10/12/2022		
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S 5553	Continued from page 2			S 5553	Monitoring Activities: Comwill be monitored through the Quarterly Medical Record Reand reported to the Quality Committee, Medical Executi Committee and Governing Beart Two (2) percent of patient real minimum of 10 records, which is greater, will be monitored quarterly. The audits will be discontinued after six (6) monocompliance is demonstrated. Responsible Party: Facility Administrator, Director of Nand Medical Director. Complete Date: 11/1/22	ee eview eview dody. ecords or hichever enths if	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00_ B. WING:		(X3) DATE SURVEY COMPLETED: 10/12/2022		
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S 5553	Based on a review of facility sedation was administed the Department of Hear of ten medical records Findings include: A review of facility por dated February 7, 2021 Personnel Supervised licensed registered number administer medications moderate sedation und (physician) or an anest organization is vitally administered in an appostaffed facility. The Orcommitment to patient	ith staff (EMP), it we failed to ensure most red by an anesthesic se anesthetist as required the most reviewed (MR6 and licy "Moderate Sedation Professionse who is trained to and monitor patient er the direct superviblesiologist. Policy. Interested in the safe thesia and supports to select adult patients repriately equipped ganization demonst	derate ologist or uired by t") in two I MR7). ation" ons. onal: A o ts during sion of a The e he use of	S 5553			

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVI COMPLETED: 10/12/2022	EY
NAME OF PROVIDER OR SUPPLIER: AZURA VASCULAR CARE SOUTH PHILADELPHIA STATE LICENSE NUMBER: 23111501			STREET ADDRESS, 2412 WEST P. PHILADELPI	ASSYUNK	AVENUE		
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S 5553	appropriate and accepts adhering to all state and regulations. It is the po7. The supervised sec administer moderate sec scope of state-establish. A review on August 12 May 20, 2022, for an a moderate sedation reve Midazolam 2 mg was a a licensed registered nu during the procedure. A review on August 12 July 15, 2022, for an amoderate sedation reve Midazolam 1 mg was a a licensed registered nu during the procedure. An interview conducte 3:29 PM with EMP5 controls.	d federal laws and licy of the organizate dation professional and addion/analgesia with ed scope of practice 2, 2022, of MR6, addingiogram procedure alled Fentanyl 100 madministered intravents for moderate sealed Fentanyl 50 madministered intravents alled Fentanyl 50 madministered intravents for moderate sealed Fentanyl 50 madministered intravents for moderate sealed Fentanyl 50 madministered intravents for moderate sealed on August 12, 202	tion that: a. must thin the e." mitted e under ancg and anously by dation mitted under ag and nously by dation	S 5553			

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 10/12/2022	
NAME OF PROVIDER OR SUPPLIER: AZURA VASCULAR CARE SOUTH PHILADELPHIA STATE LICENSE NUMBER: 23111501			STREET ADDRESS, 2412 WEST P. PHILADELPI	ASSYUNK	AVENUE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCE MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	(X5) COMPLETE DATE	
S 5553	Continued from page 5 was administered to MR6 and MR7 by a licensed registered nurse during their procedures and was n administered by an anesthesiologist or certified registered nurse anesthetist as required by the Department.		d was not ified	S 5553			
S 5566	56			S 5566			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 10/12/2022		
AZURA V	VIDER OR SUPPLIER: ASCULAR CARE SOUTH SE NUMBER: 23111501	PHILADELPHIA	STREET ADDRESS 2412 WEST P PHILADELP	ASSYUNK A	AVENUE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 5566	following: (8) Before discharge the evaluated for proper anest anesthetist, the operating roor dentist. Depending on the of surgery, the postoperative the following: (i) level of activities (ii) respirations (iii) blood pressur (iv) level of consciprons	and procedures ares shall provide at leasuring from the ASF, a pate of the stress and om surgeon, anesthesion of the type of anesthesia and e check shall include at a stress and one check shall be	st the tient shall logist length least	S 5566	Corrective Action: a. A policy review was comp. Policy PC 107 Patient Disch. reviewed and is sufficient. b. The electronic medical rect be modified to include specific documentation regarding the required criteria. The change document that the physician, anesthetist or both have evaluated the five (5) specific criteria. criteria will be listed in the P. Discharge note and Anesthes Discharge note in the electron medical record. c. The physicians and anesth will be provided education rethese changes to the medical This education will be conduperson or telephonically and sheets will be maintained. Monitoring Activities: Comp. with the documentation will monitored through the Quart Medical Record Review and to the Quality Committee, M. Executive Committee and G. Body. Two (2) percent of page 2.	arge was cord will fic e will uated Those Procedure sia onic etists egarding record. acted in sign in bliance be errly reported dedical overning	Completion Date: 11/01/2022 Status: APPROVED Date: 10/28/2022

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		A. BLDG: _	PLE CONSTRUCTION: 00	(X3) DATE SURVEY COMPLETED: 10/12/2022	
AZURA VA	NAME OF PROVIDER OR SUPPLIER: AZURA VASCULAR CARE SOUTH PHILADELPHIA STATE LICENSE NUMBER: 23111501		STREET ADDRESS, 2412 WEST PA PHILADELPH	ASSYUNK .	AVENUE		
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S 5566	Continued from page 7			S 5566	records or a minimum of 10 whichever is greater, will be monitored quarterly. The au be discontinued after six (6) if compliance is demonstrate Responsible Party: Facility Administrator and Medical E Complete Date: 11/1/2022	dits will months ed.	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER			(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVI COMPLETED: 10/12/2022	EY	
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S 5566	Based on a review of find (MR) and interview wind determined the facility postoperative anesthest physician or certified records attraction prior to discontinuous discontinuous descriptions and MR7). Findings include: A review of facility postoperative anesthest physician or certified records records records records records records records and MR7). Findings include: A review of facility postoperative approach of the patient is recovering completed, and document discharged. 1. a physician recovery from sedation or sedation.	th staff (EMP), it was failed to document in recovery evaluation egistered nurse anest level of activity, rest of consciousness, and harge as required by the "Department") is eviewed (MR3, MR4). In the constitution of the patient's resia, to determine the gappropriately, must ented before the patient or anesthetist as	as a bon by a sthetist pirations, doxygen of the sin four of 4, MR6	S 5566			

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/G IDENTIFICATION NUMBER		A. BLDG: _	IPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 10/12/2022	
				D. W.1.0.		10/12/2022	
NAME OF PROVIDER OR SUPPLIER: AZURA VASCULAR CARE SOUTH PHILADELPHIA STATE LICENSE NUMBER: 23111501			STREET ADDRESS, 2412 WEST P. PHILADELPH	ASSYUNK	AVENUE		
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S 5566	Continued from page 9		S 5566				
	A review on August 12 July 29, 2022, revealed anesthesia care for a ture procedure. Further revealed anesthesia care for a ture procedure. Further revealed a CRNA, July 29, 2022 stated "Upon assessme discharge criteria." Fure "Patient Discharge Fromby CF1, a physician, Justated stated "Upon assessme discharge criteria." Fure was no documentation activity, respirations, beconsciousness, and oxy CF2. A review on August 12 July 29, 2022, revealed anesthesia care for an affurther review revealed Procedure" note author 29, 2022, at 10:50 AM	I MR3 received mornineled catheter inseriew revealed "Patiendure" note authored 2, at 1:39 PM that structure review revealed in Procedure" note and 29, 2022, at 1:47 sessment, the patient of an evaluation of an evaluation of allood pressure, level agent saturation by Co. 2, 2022, of MR4, and MR4 received morning arteriogram procedured "Patient Discharge red by CF2, a CRNA	nitored rtion nt by CF2, ated net d a nuthored PM that t has met d there level of of EF1 or mitted nitored re. e From A, July				

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVE COMPLETED: 10/12/2022	EY
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(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	HOULD BE	(X5) COMPLETE DATE	
S 5566	assessment, the patient Further review reveale Procedure" note author 29, 2022, at 10:53 AM assessment, the patient Further review reveale documentation of an errespirations, blood presand oxygen saturation A review on August 12 May 20, 2022, revealed anesthesia care for an a Further review reveale Procedure" note author May 20, 2022, at 9:32 assessment, the patient Further review reveale documentation of an errespirations, blood presand oxygen saturation	d a "Patient Discharged by CF3, a physic that stated "Upon has met discharge of there was no valuation of level of ssure, level of consciby CF2 or CF3. 2, 2022, of MR6, add MR6 received morning or more procedured a "Patient Discharged by CF4, a physic AM that stated "Upon has met discharge of there was no valuation of level of ssure, level of conscipusor.	ge From ian, July criteria." activity, iousness, mitted nitored e. ge From ian, on criteria."	S 5566			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 10/12/2022		
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S 5566	A review on August 12 July 15, 2022, revealed anesthesia care for an a Further review revealed Procedure" note author 15, 2022, at 1:36 PM that assessment, the patient Further review revealed documentation of an experimentation of an experimentation of the respirations, blood present and oxygen saturation. An interview conducte 2:00 PM with EMP1 at physician and CRNA of MR4, MR6 and MR7 of documentation of an experimentation of the respirations, blood present oxygen saturation. Department. EMP1 states CRNA's do not documentation of course and oxygen saturation.	I MR7 received morangiogram procedured a "Patient Discharted by CF3, a physical hat stated "Upon that stated "Open the stated of conscious that stated of conscious that stated "The physicians that stated "The physicians that specifics of the stated "The physicians that specifics of the stated "The specific spec	nitored e. ge From cian July criteria." factivity, iousness, factivity, iousness, activity, iousness,	S 5566			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 10/12/2022	
AZURA VA	VIDER OR SUPPLIER: ASCULAR CARE SOUTH E NUMBER: 23111501	PHILADELPHIA	STREET ADDRESS, CITY, STATE, ZIP CODE: 2412 WEST PASSYUNK AVENUE PHILADELPHIA, PA 19145				
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S 5566	Continued from page 12			S 5566			

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Certified End Page

AZURA VASCULAR CARE SOUTH PHILADELPHIA

STATE LICENSE NUMBER: 23111501 SURVEY EXIT DATE: 10/12/2022

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY